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Cohabiting with Children: Happiness and Social Roles of Older South Africans

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Abstract: This paper explores the relationship between gender, social capital, and happiness in a nationally representative population of older South Africans. The link between happiness and gender is still highly debated, and current empirical evidence does not reveal a clear pattern. This paper investigates how social roles, such as cohabitation with young children and social capital, may mediate the relationship between happiness and gender to provide a more complex picture of how gender influences personal wellbeing. I find that cohabiters with young children are more likely than non-cohabiters to report being happy. Moreover, I find that female cohabiters, specifically, are more likely to report happiness than female non-cohabiters. This finding speaks to the importance of intergenerational support in South African households. Furthermore, I find the effect of formal social capital to be mediated by gender and the results are in contrast with the evidence found in the Global North.

1. Introduction

South Africa is a society in transition, and its aging population is at the heart of the transition. South Africa has the highest percentage of older persons in Africa (Lombard and Kruger 2009) and one of the most rapidly aging populations on the continent (Statistics South Africa 2011). The projected increase in individuals over the age of 50 will have important policy implications as older adults play a central role as caregivers in South Africa society. Due to the lack of formal care infrastructure and cultural tradition, most care is done in the household and by older women (Apt 2012; Thrush and Hyder 2014). South Africa faces a care crisis, and older adults play a pivotal role as both "receivers and providers" of care (Schatz 2007).

Subjective wellbeing research, including concepts of happiness, has expanded over the past decades; however, the influence of gender--a key demographic marker--is still unclear. The body of literature has a number of challenges to address. One of the most cited challenges is that subjective wellbeing research is often "under theorized" and lacks connection to larger theoretical bodies (George 2010; Reeves 2009). By adding social theory, such as role identity theory, we can begin to understand how social roles associated with gender, including cohabitation with children and social capital, influence subjective wellbeing.

Overall there is little known about association between gender, social capital and various "aging well" outcomes among older south Africans (Ramlagan, Peltzer, and Phaswana-Mafuya 2013). Using standard social capital measures, this research will be comparable to other national studies. Interventions with a focus on social capital may have stronger effect on the health and wellbeing of older people than younger people (Muckenhuber, Stronegger, and Freidl 2013); therefore, having a detailed understanding of social capital is important.

Past research on subjective wellbeing has focused on relationships between living arrangements of parents and children in the Global North (Cain 1983; Kroll 2011). Research is needed in different settings and cultures. The South African context of the emerging "care deficit" and cultural traditions of "social mothering" calls for investigation into the relationship between older adults and young children that live in the same household (Makoni 2008; Schatz 2007). This is the first paper to explore how older adults cohabiting with young child relates to happiness in a national sample older South Africans. South Africa provides a rich setting to investigate gender, social capital and the association with reported subjective wellbeing. In contrast to most developed countries, which have a long history of social science research and data collection, there is limited understanding of the relationship between social factors, wellbeing and aging in most countries in the Global South (Aboderin 2010; Velkoff and Kowal 2007; Cohen and Menken 2006).

Furthermore, little is known about how social roles in later life affect subjective wellbeing (Dolan, Peasgood, and White 2008; Nyqvist et al. 2013). Subjective-wellbeing measures are important outcomes for the development of aging policy that focuses on a holistic notion of aging well. Drawing from role identity theory, I explore how social roles expressed through social capital and cohabiting with children under the age fifteen may mediate the relationship between gender and subjective wellbeing in an aging South African population. My aim is to contribute to current knowledge regarding gender and subjective wellbeing by investigating the social roles of older adults living in the context of the Global South.

2. Theoretical Framework and Related Literature

2.1 Gender and subjective wellbeing. The relationship between gender and subjective wellbeing is unclear in both cross-national (Dolan et al. 2008) and country-specific research, including South Africa (Hinks and Gruen 2007; Mahadea and Rawat 2008; Westaway, Olorunju, and Rai 2007). In cross-national studies, adult women tend to report higher happiness; however, when controlling for correlates, the effect of gender seems to be mitigated (Dolan et al. 2008). In small samples of South African adults, both Hinks and Gruen 2007 and Mahadea and Rawat 2008 report no significant happiness difference among women and men. In research among older adults (aged 50 plus) in South Africa, Westaway (2010) found no gender effect in an urban sample. While Gómez-Olivé et al. (2010) in a rural sample and Westaway (1999) in an urban sample, found men to have slightly better wellbeing than women; however they also both reported a closing of the gender gap in happiness after including controls for health and demographic characteristics. Studies-to-date using South Africa data have not sufficiently investigated the relationship between gender, happiness, and covariates such as social roles. A nationally representative study that looks at differences between sub-populations simultaneously is needed to help fill the gap in the literature.

2.2 Role identity theory. Role identity theory helps explains the "relationship among the micro, macro, and intermediate" processes and outcomes in society (Turner 2001:233). Through the framework of role identity theory, we can begin to see how the larger social and cultural context shapes social norms and behavior expectations that result in ascribing appropriate behaviors and preferences to roles and statuses in society (Turner 2001). Gender status is a social role that is prescribed appropriate behaviors (Cancian and Oliker 2000; Talley and Crews 2007).

The role of cohabitating with young children, as biological grandparents or social grandparents, comes with ascribed appropriate behaviors and responsibilities that are gendered in nature.

Women in South Africa are socialized and expected to be the caregivers of the household, and there is a general "traditional" sexual division of labor in the household (Akintola 2004, 2008; Schatz 2007). This is particularly true for older women as gender is an important status that shapes family relationships and the roles played in the household (Calasanti 2010). It is customary that grandmothers and other female relatives provide care for the ill and young in the household (Madhavan 2004; Nyambedha, Wandibba, and Aagaard-Hansen 2003). South Africa's patriarchal social structure shapes older person's notions of self and creates gendered norms that influence behavior (Oppong 2006; Zimmerman, Litt, and Bose 2006). Further, gender norms shape the relationships between older persons and children in the household (Calasanti 2010). Caring young children is an important role for South African older adults.

2.3 Subjective wellbeing and cohabiting with children. The majority of subjective wellbeing research and older adults' relationship to children in South Africa has focused on the negative outcomes associated with caregiving, most with a focus on the effect of HIV/AIDS care (Casale 2011). Casale calls for research on older caregivers to move "beyond a focus on how HIV breaks down households and relationships to afford greater attention to the resulting families and bonds created" (2011:1284). Relatedly, I argue greater attention is also needed to the subjective wellbeing of older South Africans who do caring labor across generations. However, the effect of co-residing with children on subjective wellbeing has received limited research.

Recently, studies utilizing small samples and that take place in the Global North demonstrate that grandparents have positive outcomes from caregiving. This line of research has

shown that grandparents raising children show greater levels of self-care and mobility (Fruhauf and Bundy-Fazioli 2013), caregiver satisfaction, and improved health habits (Haglund 2000). Studies drawing on samples in the Global South do not yet exist so the previous findings must be used cautiously when inferring outcomes for people in the Global South.

In the subjective wellbeing literature, few studies have focused on the role of children in adults' happiness, and fewer studies have looked at this relationship in older populations. The results are mixed, and more research is needed to explain the relationship between happiness and having children (Dolan et al., 2008). Studies conducted in the Global North show that having children has a positive relationship with happiness for adults (Haller and Hadler 2006), and others find a negative association between children and happiness (Alesina, Di Tella, and MacCulloch 2004; Frey and Stutzer 2000; Schoon, Hansson, and Salmela-Aro 2005). Evidence from a sample of South African adults found that the number of children is positively and significantly associated with individual wellbeing (Ebrahim, Botha, and Snowball 2013).

Evidence from older populations is limited and there are theoretical reasons to believe that one's own children may have a different effect on subjective wellbeing than co-residing with other children. One study of older Europeans found that having more grandchildren increases life satisfaction (Litwin and Stoeckel 2013). The pathway through which cohabiting with children may influence older adults subjective wellbeing may be how co-residing with children influences their social engagement. The relationship between gender, co-residing with children and subjective wellbeing needs further investigations with special attention to the social roles through social capital.

2.4 Social capital and subjective wellbeing. Cross-national research shows that social capital plays a significant role in influencing an individual's health and wellbeing (Helliwell and

Putnam 2004; Kawachi, Subramanian, and Kim 2008). Being socially engaged may provide older adults with a sense of meaning, companionship, and sociability that may increase overall wellbeing and decrease worry and anxiety. Issues related to social capital are of particular importance to older populations. Aging individuals are at a greater risk of losing partners and friends, which makes them vulnerable to decreasing social networks and more dependent on other social resources (Nyqvist et al. 2013).

It is widely accepted that social relationships and affiliations have the potential to positively influence health and wellbeing (Berkman et al. 2000). However, the literature is still disputed in terms of the scope and nature of the relationships. Relationships or social contacts have been found to be important for happiness and life satisfaction in the US, Canada, Britain, Australia, Hong Kong and South Africa (Bowling 2011; Michalos 2004; Jeffres and Dobos 1995; Bowling and Windsor 2001; Bowling and Gabriel 2004; Westaway 2006; Campbell 1981; Lau and Cummins 2005; Westaway 2007).

The extensive evidence of the impact of social engagement on health and health-related outcomes comes primarily from research conducted in the Global North. Lack of social connection has been consistently associated with most causes of mortality (Berkman and Syme 1979; House, Robbins and Metzner 1982; Berkman 1995), physical and mental illness (Kawachi 2001; Mendes de Leon 2003), and poor functioning and interdependence (Seeman 1996). Social ties or networks are measured in a number of ways, including the number of close friends and family members, marital status, and affiliation or membership in community, religious and voluntary associations (Berkman et al. 2000). Most studies also make distinctions between "strong" and "weak" ties by the accounting for the frequency of contact (Berkman et al. 2000).

Although the association between social capital and health is "indisputable," the influence of social capital on other positive outcomes is limited (Berkman et al. 2000, p. 845).

Social engagement is often defined as getting together with friends, attending social functions, participating in clubs and organizations, and church attendance (Berkman et al. 2000). Social engagement is often divided into two forms of social capital, informal (socializing) and formal (civic engagement or volunteering). These activities define and reinforce meaningful social roles, which in turn provide a sense of belonging and increased wellbeing. Also social engagement provides opportunities for companionship and sociability, which can influence feelings of wellbeing (Berkman et al. 2000). Evidence suggests that continued social participation is important for the maintenance of self-efficacy beliefs in older adults (Berkman et al. 2000; McAvay, Seeman and Rodin 1996). Fewer social ties are associated with lower health and self-efficacy (McAvay et al. 1996). There is also strong evidence that socially isolated individuals are at increased risk of depression especially in older age (Berkman et al. 2000).

Research on social capital in relationship to subjective wellbeing in South Africa remains limited, with most studies focusing on different aspects of informal social capital and social support. In non-nationally representative samples of older adults, most find a weak positive significant relationship to subjective wellbeing (Westaway et al. 2007; Bowling and Browne 1991; Bowling 1994; Bowling et al. 1996; Bowling and Gabriel 2004). Bowling and Gabriel (2004) found among British older adults that social capital, measured as amount of social engagement and social relationships, has positive influences on overall quality of life. Bowling's work continues to stress the importance of engagement in social actives for older persons' wellbeing (Bowling 2011). A limited number of studies have investigated the relationship between social capital and older South Africans. Westaway et al. (2007) found that association

with family and neighbors are important predictors of happiness for older South Africans. To clarify, Westaway and her colleagues focused on the perceived satisfaction with social ties and not on the structure (amount and frequency of contact) of ties. While most research in South Africa has focused on socializing and social support, most of the studies stemming from the Global North focus exclusively on volunteering as a proxy for social engagement (Kroll 2011; Nyqvist et al. 2013) and do not include other measures.

Another key element of social capital is social cohesion or trust (Nyqvist et al. 2013). Trust is a "fundamental measure of the quality of the social context and a key ingredient for successful collaborations" (Helliwell 2012:32). Trust is one key aspect of social capital that has been generally left out of research investigating internal population differences and research with a focus on older persons (Nyqvist et al. 2013). A recent study focused on older South Africans' self-rated health and depressive symptoms did find a positive relationship between trust and self-rated health but no significant relationship between trust and depression (Ramlagan et al. 2013).

Although the positive association between social capital and subjective wellbeing is established in the health literature, few studies have examined how the relationship varies by gender and none have looked at the role of cohabitating with young children. Past research using the British General Household Survey has shown that men and women have different "social capital profiles" (Lowndes 2005: p, 211). The author explains that due to differences in gendered expectations, women and men often partake in different social organizations, and when participating in the same organizations, they conduct different tasks within the organization. Men are often more likely to be in leadership roles in organizations, which might affect how their involvement influences their personal wellbeing. Due to women's role in caregiving of children in South Africa, they may be involved in types of volunteer work that center around the children.

Or alternatively women may not have time for volunteer work outside of the home because of their role of caregiver inside the home.

While the positive association between health and related outcomes and social capital has been well documented, Berkman et al. (2000) and Portes (1998) warn against the "social bad" that may also come from being socially connected. The same social connections that provide social engagement may also add stress to individuals' lives. Involvement in the community may add emotional and economic burdens and responsibilities to individuals' lives and decrease their sense of wellbeing, especially if they are volunteering time and energy to matters that may not result in direct benefits to them.

This research will strengthen existing, at times contradictory, cross-national and national empirical evidence on the relationship between gender and subjective wellbeing investigating if cohabitating with children and social capital measures mediates this relationship. The research will also provide needed baseline information on the association between multiple social capital measures and subjective wellbeing in South Africa.

3 Present Study

In this paper, I evaluate the relationship between older adults' social roles and happiness in South Africa. Furthermore, I test whether gender and cohabiting with young children moderate the effects of social capital on happiness. I test the following hypotheses:

> Hypothesis 1: Older adults who cohabitate with children aged 15 years or younger will be more likely to report happiness than older adults who do not cohabitate with young children.
>
> Hypothesis 2: The more social capital someone has, the more likely to he or she is to report happiness.
>
> Hypothesis 3: Happiness will be higher for men compared to women.

Hypothesis 4: For women the more social capital they have, the more likely they will report happiness compared to men.

Hypothesis 5: For older adults who cohabitate with children aged 15 years or younger the more social capital they have, the more likely they will report happiness compared to older adults who do not cohabitate with young children.

Hypothesis 6: For older female adults who cohabiters with children aged 15 years or younger the more social capital they have, the more likely they will report happiness compared to females who do not cohabitate with young children.

4 Data and Methods

4.1 Data. Data comes from the first wave of the WHO Study on Global Aging and Adult Health (SAGE) data collected in 2008. SAGE is a longitudinal survey that collects national population-based data on the health and wellbeing of adult populations in six low to middle income countries (China, Ghana, India, Mexico, the Russian Federation, and South Africa). The data and further information is available at the study website http://www.who.int/healthinfo/sage/en/. To avoid issues with international comparability in subjective wellbeing research (Knoll 2011), the analysis is restricted to South Africa (N= 3,840). The data is weighted to obtain a nationally representative sample of person over age 18 with an oversampling of person 50 years and older (WHO 2010). I limited all of my analyses to individuals 50 and older who did not have missing values on any of variables included in the analysis. The final sample is 2,893.

Subjective wellbeing is measured by the widely used 5-point generalized happiness question: *Taking all things together, how would you say are these days? Are you? (1) very happy, (2) happy, (3) neither happy nor unhappy, (4) unhappy, (5) very unhappy*. The responses were coded as 1 if the respondent answered very happy or happy and 0 if answered otherwise. Measuring happiness with a single item has been determined to be a valid and reliable indictor of

cognitive aspect of subjective wellbeing (Abdel-Khalek 2006). This measure is an accepted and valid indictor in the World Database of Happiness (Veenhoven 2013).

Gender is coded as 1 if the respondent reports being female and 0 if male. To capture the role/status of cohabitating with children, I used a measure of the presence of children under the age of 15 in the respondent's household. The data did not allow for detection of biological relationship between older persons and children. However, due to customs of "social mothering," older person in household assume the role of caregiving and support for children in the household (Makoni 2008). Respondents were coded 1 if at least one child currently lived in the household and 0 if not. Following the work of Kroll (2011), for an accurate subgroup and gendered analysis that allows for simultaneous comparison of subgroups, the latter two dummies are used to create four subgroups: *female cohabiter*, *male cohabiter*, *female non-cohabiter,* and *male non-cohabiter* (reference group).

Social capital is operationalized by three distinct indicators: *formal social capital* (i.e. civic engagement/volunteering), *informal social capital* (i.e. socializing) and *trust*. I purposely chose these three indictors as they closely match the standard measures following the work of Putnam (Halpern 2005; Kroll 2011; Ramlagan et al. 2013). The work improves other work on South African social capital by paying special attention to scale development (Ramlagan et al. 2013). The items included in each *informal* and *formal social capital* were determined through 9-item exploratory factor analysis to investigate dimensionality and commonality of variance. This allowed for creation of social capital indictors that are significant in this context and maximum comparability with previous research. *Formal social capital* is composed of four survey questions that ask how often the respondent attended public meetings, met with a community leader, attended an organizational meeting, and worked with other people to fix or improve

something in the neighborhood over the last 12 months. Items contain a 5-point answer scale ranging from *never* to *daily* (Cronbach's alpha: .77). Due to variable skewness of *formal social capital* in some analyses, the variable is recoded into dummy variables (explained in the results). *Informal social capital* is composed of three survey questions that ask how often the respondent has friends over to their home, go to the home of someone else, and left the house to attend social meetings, activities, events, visit friends, or relatives over the last 12 months. These items also contain a 5-point answer scale ranging from *never* to *daily* (Cronbach's alpha: .72). For both *formal* and *informal social capital* the items were summed and then divided by the number of items in the scale to represent an average score on a scale of 0 to 4. Finally, *trust* was included as a standard indictor of social capital, as trust in others is seen as needed to facilitate the other forms of social capital (Halpern 2005:34). It was measured by the single item, *Think about people in your neighborhood. Generally speaking, would you say that you can trust them?* Response options were on a scale of 1 "to a very small extent" to 5 "to a very great extent." Answers were recoded where necessary so that high scores uniformly indicate high social capital.

I control for several demographic characteristics that previous subjective wellbeing literature has established as important for South Africans (Westaway et al. 2007). Health is measured by the standard question: *In general, how would you rate your health today?* on a scale of 1 to 5, with a higher number indicating better health. Dummy variables are formed regarding age, race, household wealth, partnership status (in partnership or single), place (currently living in a rural setting or urban), current formal work status, and education. Martial or partnership status is not part of the operational definition of social capital in the mainstream sociological literature (Halpern 2005:14).

4.2 Analytic strategy. While most studies on subjective wellbeing treat happiness as ordinal and employ ordered response models (Botha and Booysen 2013; Ebrahim et al. 2013), this data did not meet the proportional odds assumptions (tested by using Brant and likelihood ratio tests); therefore, it would be inappropriate to run such models. Further investigation revealed that the significant statistical and theoretical difference is between people that report being happy and not happy. For this reason logistic regression was chosen as the most appropriate model. Interactions between social capital variables and gendered sub-groups are investigated. All descriptive analyses are un-weighted, while regression analyses utilized sampling weights. The weights calculated by WHO were post-stratified individual probability weights based on the selection probability at each sampling stage (Phaswana-Mafuya et al. 2013). Analysis was carried out using the statistical software package Stata (StataCorp, 2009).

5 Results

Table 1 displays a descriptive profile of the older adults in the sample. Sixty-five percent of the respondents reported being happy or very happy. The majority of respondents reported being female (60%), black (62%), and living in an urban location (67%). Forty-five percent reported living with at least one child under the age 15. The average age of respondents was 62 with a range of 50 to 100, with 44% of the sample falling into the age group "50 to 59." Partnership status was split with 50% reporting being single at the time of the survey and 50% reporting being in a partnership. Most respondents are primary school educated or less, with one third of the sample reporting no formal education. Seventy-three percent reported not currently working, which can be considered normal in a population this old and in a country with high unemployment. On average the sample reported moderate self-rated health.

On average, the sample reported low levels of formal social capital (civic engagement/ volunteering) with an average participation of less than once a year (0.74) and standard deviation of 0.72. Dividing up the continuous variable for formal social capital into four dummies gives us a better idea of older adults formal involvement. About one third of respondents (33%) reported never being civically engaged, 38% reported being involved yearly, 26% monthly, and less than 5 percent reported being civically engaged weekly or daily. Informal socializing was more common with an average of socializing "about monthly", a score of 1.88 with a standard deviation of about 1. The average score of trust in neighbors was 2.61 with a standard deviation of 1.15. This means that, generally, the respondents trusted their neighbors "neither great nor small extent."

Table 2 displays happiness and social capital scores by gender and cohabitation status. To compare sub-groups, the Levene test is used to test for differences in the variances in the population. The benefit of using this test is that it can better handle skewed distributions (LeBlanc 2004). Looking at the distribution of happiness and social capital, four findings deserve mention. First of all, levels of social capital are different between women and men, but the share reporting happy or very happy is the same. Women have different social capital profiles than men. Women have less trust in neighbors, are less formally engaged, and have more informal social capital (socializing). Second, in terms of happiness, cohabiters are more likely than non-cohabiters to report being happy. However, there are no social capital differences comparing cohabiters to non-cohabiters. Third, non-cohabiter males significantly have the lowest probability of reporting happiness and have the lowest level of informal social capital. Last, grandfathers have the highest level of formal social capital of all four subgroups and descriptively are the most likely to report happiness.

Table 3 presents the first set of logistic regression models predicting happiness with a particular focus on the role of social capital. Model 1 is the baseline model and includes important controls and demographic characteristics including gender and cohabitation status. Model 2 adds social capital measures to the baseline model. Model 3 is identical to model 2 with the exception of that the four dummy variables for formal social capital are collapsed in one variable, with a 1 if the respondent was at all civically engaged in the past 12 months.

Gender alone is not a significant predictor of happiness net the other demographic controls. Supporting hypothesis one, model 2 shows that cohabiters are more likely to report happiness than non-cohabiters. Older adults are around 35 percent more likely to report happiness if they are living in a household with a child under the age 15.

As shown in Model 2, two of the three social capital variables are significant predictors of happiness net of controls. First, Trust in neighbors is not a significant predictor of happiness. Informal social capital in terms of socializing is a significant predictor of older adults' happiness. Formal social capital (civic engagement) unexpectedly has a strong and relationship to happiness. Model 2 shows that for every level of involvement in formal social capital, the probability of reporting happiness decreases. Model 3, using the dummy variable *some formal social capital* (reference *no formal social capital*), shows that individuals that are at least somewhat civically involved have a decreased probability of reporting happiness compared to those who are not involved. This could be interpreted as being more civically engaged decreases older persons happiness or persons who are unhappy are more likely to be engaged in social action.

Age and other demographic characteristics matched existing research in South Africa, although many were not significant. Being Black and in the lower SES bracket were predictors

of being less likely to report being happy. Age acted in the predicted U-shape with the oldest having the highest probability of reporting happiness.

Next I test to see if there is significant effect of gender and cohabitation status interactions with the social capital variables on happiness. Table 4 shows two important findings. Model 1 displays that there is a significant interaction between gender and formal social capital. There is no significant gender interaction between trust or informal social capital. Figure 1 shows an illustration of the predicted probabilities of happiness by formal social capital for women and men. Men are more greatly affected by formal social capital than women. The difference in the predicted probability of women by formal social capital is about .12. Women who are at least somewhat civically engaged have about a 58 percent probability of reporting happiness, while women who are not civically engaged have about a 70 percent. For men, the difference is much larger. Men who are at least somewhat civically have 50 percent probability of reporting happiness, whereas men who are not civically engaged have about a 74 percent. Model 2 does not yield significant results. The effect of social capital does not vary by cohabitation status.

Table 4 Model 3 shows that grandmothers are 46 percent more likely to report happiness than childless women. There were no significant differences comparing childless women to grandfathers or childless men. Further, there were not significant interactions between cohabitation status and social capital as shown in Model 4.

6 Discussion

This paper set out to explain the complex way social roles and gender interact to influence happiness of older adults living in South Africa. A reported problem in both social capital and subject wellbeing research is a lack of consistency on measurement and definition.

This work addresses these issues by using the three most common social capital conceptualizations and a standard measure of subjective wellbeing, happiness. Furthermore, this paper is informed and shaped by a theoretical underpinning, which happens too rarely in research investing social aspects subjective wellbeing.

Six hypotheses were tested and three received at least partial support by the empirical analysis. First, cohabiters are more likely than non-cohabiters to report happiness. My findings are consistent with research stemming from other parts of the world that point to positive outcomes of cohabitating with young children (Fruhauf and Bundy-Fazioli 2013; Haglund 2000). This finding is also is consistent with evidence from adult populations that having children has a positive relationship with happiness for adults (Ebrahim et al. 2013; Haller and Hadler 2006).

Furthermore, I found by using gendered sub-groups of cohabitation status that female cohabiters are more likely to report happiness compared to older women living in households with no children. This finding speak to the emerging literature on the positive effects of caregiving and the importance of intergenerational relationships in sub-Sahara Africa (Casale 2011). This literature is new and still evolving. Older women may be receiving the benefit of children in the household instead of older men because of their role as caregivers in the home. The limited research on the role of men in households shows that men are more likely to spend time, money, and energy on leisure activities in old age rather than issues concerning the household (Mudege and Ezeh 2009; Munthree and Maharaj 2010; Whitehead 2000). Female cohabiters' happiness relative to females without children in the home could be explained by the fact that gender roles still prescribe domestic chores to women (Ramlagan et al. 2013). Older women with children in the household may be receiving help in completing some of the chores.

In addition the happiness benefit could be due face that to children can be source of joy and laughter.

Two of the three hypotheses related to the main effect of social capital received support. Trust was not a significant predictor for happiness in any of the models. The descriptive finding of relative low level of trust match past studies in South Africa (Posel and Hinks 2013). Posel and Hinks find that South Africans are slightly more trusting of neighbors than strangers. Given the high level of unemployment and crime in South Africa, the authors were not surprised to find generally low level of trust, even among neighbors. So this measure of trust may even be a high estimate but still not a significant predictor. Informal social capital was found to be a consistent positive predictor of happiness for older South Africans. The more someone--man or woman--socializes, the more likely they are to report happiness. This is in line with the robust literature stating that informal socializing is important for positive subjective wellbeing in older age.

I found a consistent negative relationship (across models) between formal social capital and happiness in this population. I also found this relationship to be gendered. This is in sharp contrast to a robust literature stemming mainly from the Global North that volunteering is related to positive subjective wellbeing (Meier and Stutzer 2008; Nyqvist et al. 2013). This population had low levels of formal social capital to begin with. The low levels of civic engagement may be due to how civic engagement or "social action" is shaped by South African history. In terms of gender, male cohabiters have the highest level of civic engagement of all four subgroups and are descriptively the most likely to report happiness. This makes sense due to the role many older men play in the community. This is different than hypothesized based on research stemming from the Global North. The questions composing the scale for civic engagement asked about involvement with community improvement or meeting with community leaders, which may have

different risks and/or benefits association with those actions in the context of South Africa than in the Global North. This is further supported by the significant interaction between civic engagement and gender. Men's subjective wellbeing is more negatively affected by formal capital than women. This may speak to what Berkman et al. (2000) and Portes (1998) warned that social capital may have negative effects. The same relationships that provide social engagement may also add stress to individuals' lives. Involvement in the community may add emotional and economic burdens and responsibilities to individuals' lives and decrease their sense of wellbeing, especially if they are volunteering time and energy to matters that may not result in direct benefits to them. An alternative interpretation may be that those who are unhappy get civically engaged to help improve their individual and family circumstances. It is important to note that (Ramlagan et al. 2013) in one of the few studies investigating social capital on health of older South Africans did not find a significant relationship between civic engagement and depressive symptoms. More research is needed to clarify these interesting findings. I did not find the relationship between social capital and subjective wellbeing to vary by cohabitation status.

This work has important policy implications. Although independence in old age is valued in the Global North, interdependence with family may be more valued and a more potentially useful strategy in South Africa (Makoni 2008; Schatz and Seely 2014). Second, this work shows that transplanting social capital interventions formed in the Global North may not be successful in South Africa. South Africa has a unique history, which may influence how older persons are socially engaged. More work should be done to see what types of associations are important to older South Africans personal wellbeing. However, this work does show that some forms of social capital are important for older adults' personal wellbeing.

This study is not without limitations. First, I used cross-sectional data and cannot speak to causation. Although this study cannot establish whether social roles, cohabitation status or social capital cause happiness or vice versa, it can provide a baseline for other longitudinal work to be conducted. Second, although not using a direct measure of carework for younger children may be construed as a limitation of this study, it may actually be a benefit. Research on carework in South Africa tends to focus on very narrow definitions of carework or entirely on care related to advanced illness. Gendered notions affect who and what researchers ask about carework and influence those answering the questions (Oppong 2006). Women and men may see caring for children under the age 15 in the household as routine family expectations and not necessarily carework (Makoni 2008; Schatz 2007). Using a general measure of cohabitation status may capture individuals that do not see themselves engaging in carework.

Future research should make use of additional waves of SAGE data to conduct longitudinal investigations. More research on how formal social capital effects older men's subjective wellbeing is needed. Future research should also build on this work by investigating further the role of young children in older adults personal wellbeing and investigate if reciprocity between older adults and children in the household is what influences personal wellbeing.

This paper helps fill key gaps in subjective wellbeing literature. This work highlights how role identity and gender perspectives are needed in subjective wellbeing literature to address some of the unclear findings. Even with the limitations stated above, the results show significant gendered effects of social roles, which is an important step in understanding how subjective wellbeing is distributed in older populations. More work investigating the relationship between subjective wellbeing and social context is worthwhile. With regard to the ambivalent state of

knowledge on the effect of gender and subjective wellbeing, this study has shown that incorporating the social context can give important clues.

Table 1. Characteristics of Sample (Un-Weighted)

	Mean	Std. Dev.	Range
Dependent Variable			
Happiness	0.65	0.48	0-1
Social Capital			
Formal (continuous)	0.74	0.72	0-4
Never (reference)	0.33	0.47	0-1
Yearly	0.38	0.49	0-1
Monthly	0.26	0.44	0-1
Weekly/daily	0.03	0.17	0-1
Informal	1.88	0.95	0-4
Trust	2.61	1.15	1-5
Gendered Subgroups			
Female	0.60	0.49	0-1
Male (reference)	0.40	0.49	
Cohabiter	0.45	0.5	0-1
Non-cohabiter (reference)	0.55	0.50	
Cohabiter with young child(ren) subgroups			
Female Non-cohabiter (reference)	0.29	0.46	0-1
Male Non-cohabiter	0.25	0.43	0-1
Female cohabiter	0.31	0.46	0-1
Male cohabiter	0.15	0.36	0-1
Controls			
Age	62.72	9.64	50-100
Age group 50 to 59 (reference)	0.44	0.50	0-1
Age group 60 to 69	0.32	0.47	0-1
Age group 70 to 79	0.18	0.38	0-1
Age group 80 plus	0.06	0.24	0-1
Self-rated Health (higher better health)	3.25	0.82	1-5
Education			
No formal education	0.27	0.44	0-1
Primary school or less	0.47	0.5	0-1
More than primary school (reference)	0.27	0.44	0-1
Work Status			0-1
Currently working	0.27	0.44	0-1
Not working (reference)	0.73	0.44	
Partnership Status			
Single	0.50	0.50	0-1
Currently in partnership (reference)	0.50	0.50	
Location			
Rural	0.33	0.47	0-1
		(Table 3.1 continued)	
Urban (reference)	0.67	0.47	

Race			
Black	0.62	0.49	0-1
White (reference)	0.08	0.27	0-1
Coloured	0.21	0.41	0-1
Indian	0.09	0.29	0-1
Socioeconomic Status			
Low SES	0.4	0.49	0-1
Middle SES	0.2	0.4	0-1
High SES (reference)	0.4	0.49	0-1
N			2883

Table 2. Happiness and Social Capital by Gender and Cohabiter with Young Children Status

	Mean (Std. Dev.)			
	Happiness	Trust	Formal	Informal
Female	0.65	2.60*	0.68*	1.89*
	(0.48)	(1.13)	(0.70)	(0.97)
Male	0.65	2.63*	0.81*	1.87*
	(0.48)	(1.19)	(0.74)	(0.91)
Cohabiter	0.66*	2.64	0.78	1.91
	(0.47)	(1.17)	(0.73)	(0.96)
Non-cohabiter	0.64*	2.58	0.70	1.86
	(0.48)	(1.14)	(0.71)	(0.94)
Female cohabiter	0.66	2.63	0.74	1.90
	(0.47)	(1.14)	(0.71)	(0.97)
Male cohabiter	0.67	2.68*	0.85*	1.93
	(0.47)	(1.22)	(0.78)	(0.94)
Female non-cohabiter	0.65	2.57	0.62	1.89
	(0.48)	(1.12)	(0.69)	(0.97)
Male non-cohabiter	0.63*	2.60	0.78	1.82*
	(0.48)	(1.17)	(0.73)	(0.90)

Note:
Levene statistic <0.05 indicating that there is a significant difference between the respective variances in the population.
The Levene reflects the distinction between dummy variable (e.g. Female cohabiter) vs. rest of the sample.

Table 3. Odds ratios and (95% confidence intervals) from logistic regression predicting happiness with selected independent characteristics

	Model (1)	Model (2)	Model (3)
Female	1.049	1.053	1.051
	(0.774 - 1.420)	(0.777 - 1.427)	(0.774 - 1.427)
Cohabiter	1.371*	1.350*	1.336*
	(1.037 - 1.814)	(1.016 - 1.794)	(1.005 - 1.776)
Self-rated Health	2.119***	2.272***	2.262***
	(1.767 - 2.541)	(1.889 - 2.733)	(1.881 - 2.720)
Age Group 60 to 69	1.374*	1.363	1.347
	(1.002 - 1.885)	(0.991 - 1.874)	(0.976 - 1.859)
Age Group 70 to 79	1.874**	1.772**	1.773**
	(1.263 - 2.781)	(1.165 - 2.694)	(1.170 - 2.688)
Age Group 80 plus	2.024*	2.290**	2.259**
	(1.155 - 3.547)	(1.240 - 4.229)	(1.230 - 4.149)
Single	0.884	0.8	0.811
	(0.657 - 1.190)	(0.590 - 1.085)	(0.596 - 1.102)
Working	1.029	1.023	1.015
	(0.751 - 1.408)	(0.749 - 1.397)	(0.743 - 1.388)
Indian	0.481	0.494	0.49
	(0.219 - 1.056)	(0.210 - 1.162)	(0.208 - 1.151)
Coloured	0.691	0.688	0.674
	(0.309 - 1.549)	(0.296 - 1.600)	(0.290 - 1.568)
Black	0.381**	0.452*	0.442*
	(0.190 - 0.764)	(0.214 - 0.953)	(0.209 - 0.936)
Rural	1.107	1.26	1.232
	(0.825 - 1.484)	(0.931 - 1.706)	(0.913 - 1.664)
No Formal Education	0.712	0.721	0.744
	(0.476 - 1.065)	(0.468 - 1.112)	(0.483 - 1.147)
Primary School or Less	0.867	0.837	0.859
	(0.605 - 1.244)	(0.568 - 1.235)	(0.584 - 1.264)
Middle SES	0.608**	0.539**	0.551**
	(0.427 - 0.865)	(0.371 - 0.782)	(0.381 - 0.796)
Low SES	0.423***	0.406***	0.405***
	(0.306 - 0.585)	(0.290 - 0.568)	(0.289 - 0.565)
Formal (civic engagement)[a]			
yearly		0.451***	
		(0.314 - 0.648)	
Monthly		0.394***	
		(0.266 - 0.585)	
Weekly/daily		0.240***	
		(0.113 - 0.509)	

(Table 3.3 continued)

Formal at Least Some			0.425***
			(0.302 - 0.599)
Informal (socializing)		1.730***	1.689***
		(1.475 - 2.030)	(1.448 - 1.969)
Trust		1.117	1.114
		(0.995 - 1.254)	(0.994 - 1.249)
Constant	0.373*	0.143***	0.152***
Pseudo R2	0.1329	0.1744	0.1726
Wald chi2	134.82***	241.61***	242.45***

Note:

[a] :Reference group "Never"

* p<.05 ** p<.01 ***p<.001 (two-tailed)

Table 4. Odds Ratios and (95% Confidence Intervals) From Logistic Regression Predicting Happiness by Gender and Cohabiter Subgroups

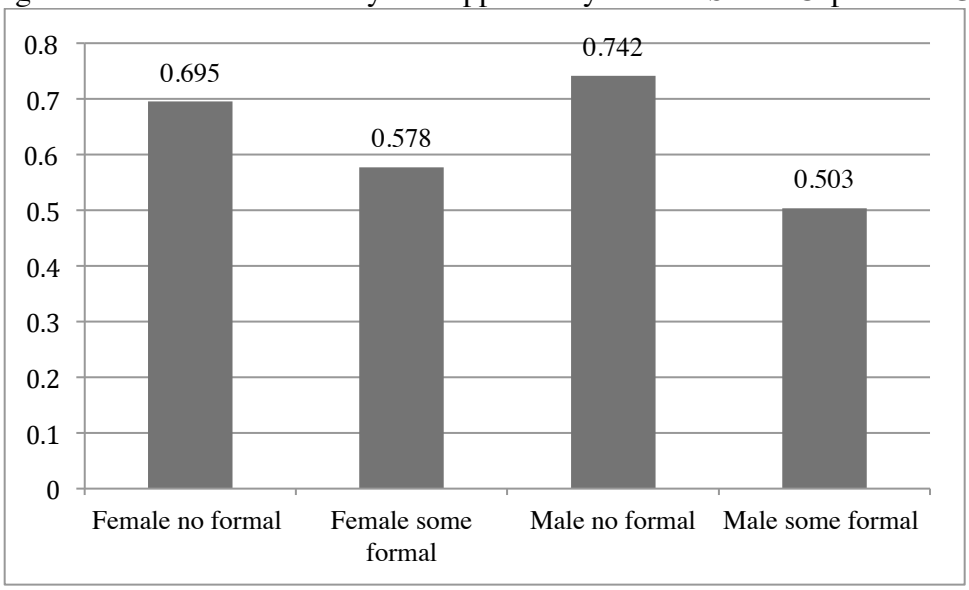
	Model (1)	Model (2)	Model (3)	Model (4)
Female	0.752	1.051		
	(0.302 - 1.877)	(0.777 - 1.422)		
Cohabiter	1.312	0.902		
	(0.991 - 1.737)	(0.367 - 2.217)		
Formal	0.270***	0.416***	0.423***	0.511*
	(0.161 - 0.452)	(0.264 - 0.656)	(0.300 - 0.596)	(0.280 - 0.934)
Informal	1.636***	1.639***	1.689***	1.944***
	(1.265 - 2.114)	(1.326 - 2.026)	(1.448 - 1.971)	(1.428 - 2.648)
Trust	1.187	1.069	1.115	0.993
	(0.991 - 1.423)	(0.912 - 1.252)	(0.995 - 1.250)	(0.776 - 1.271)
Female*trust	0.885			
	(0.700 - 1.119)			
Female* informal	1.079			
	(0.784 - 1.487)			
Female*Formal	1.947*			
	(1.014 - 3.739)			
Cohabiter* formal some		1.056		
		(0.549 - 2.034)		
Cohabiter* informal		1.066		
		(0.788 - 1.444)		
Cohabiter* trust		1.089		
		(0.870 - 1.364)		
Female cohabiter			1.456*	1.486
			(1.032 - 2.056)	(0.491 - 4.497)
Male cohabiter			1.214	0.81
			(0.774 - 1.904)	(0.166 - 3.959)
Male non-cohabiter			1.044	2.43
			(0.710 - 1.538)	(0.725 - 8.140)
Female cohabiter* formal				1.031
				(0.457 - 2.327)
Female cohabiter* informal				0.833
				(0.564 - 1.229)

(Table 3.4 continued)

Female cohabiter* trust				1.112
				(0.820 - 1.507)
Male cohabiter* trust				1.279
				(0.861 - 1.899)
Male cohabiter* informal				1.109
				(0.669 - 1.838)
Male cohabiter* formal				0.536
				(0.184 - 1.558)
Male non-cohabiter *formal				0.521
				(0.228 - 1.190)
Male non-cohabiter * informal				0.703
				(0.449 - 1.101)
Male non-cohabiter * trust				1.131
				(0.819 - 1.562)
Constant	0.179**	0.183**	0.154***	0.131**
Pseudo R2	0.176	0.1731	0.173	0.1795
Wald chi2	250.48***	246.19***	243.97***	254.52***

Note:
Controlling for age group, self-rated health, education, partnership status, race, and socioeconomic status
* p<.05 ** p<.01 ***p<.001 (two-tailed)

Figure 1. Predicted Probability of Happiness by Formal Social Capital and Gender



Note:
Controlling for average age, self-rated health, education, partnership status, race, and socioeconomic status

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